

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

ADDRESS (number and street) ATTENTION: MARY ANN ROUSE  
1000 BLYTHE BOULEVARD  
 Check if different than previously reported. (ACC)  
CHARLOTTE NC 28203-2861

2. **FEC IDENTIFICATION NUMBER** C00423871  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 11 02 2010 in the State of  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer Electronically Filed by Mary Ann Rouse Date 10 21 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		162965.18
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	162844.54									
(c) Total Receipts (from Line 19) .....	4932.64	55318.95								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	167777.18	218284.13								
7. Total Disbursements (from Line 31) .....	0.00	50506.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	167777.18	167777.18								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	4804.05	42986.03
(ii) Unitemized .....	128.59	9709.24
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4932.64	52695.27
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	4932.64	52695.27
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	6.95
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	116.73
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	4932.64	55318.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4932.64	55318.95

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	6.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	6.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	50500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	50506.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	50506.95

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 22

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	4932.64	52695.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4932.64	52695.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	6.95
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	6.95
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Pamela M Beckwith	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 1709 Rosebank Lane	<b>Transaction ID:</b> SA11AI.7706
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70	

<b>B.</b>	Full Name (Last, First, Middle Initial) Judy L Booth	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 11448 Terrill Ridge Dr	<b>Transaction ID:</b> SA11AI.7697
	City State Zip Code Davidson NC 28036	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation Carolinas HealthCare System ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Jerry L Bryson	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 6503 Elfreda Road	<b>Transaction ID:</b> SA11AI.7739
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>208.35</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Stephen C Burr	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 203 Eslynn Road	<b>Transaction ID:</b> SA11AI.7711
	City State Zip Code Mount Holly NC 28120	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Jack F Chamblee	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address PO Box 550934	<b>Transaction ID:</b> SA11AI.7757
	City State Zip Code Gastonia NC 28055-0934	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$50 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Paul G Colavita	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 2501 Sedley Road	<b>Transaction ID:</b> SA11AI.7716
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>133.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) David Ellerbe	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 2610 Tanglewood Lane	<b>Transaction ID:</b> SA11AI.7718
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$20.84 monthly
	Name of Employer: Carolinas HealthCare System Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.40	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 6836 Alexander Road	<b>Transaction ID:</b> SA11AI.7740
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$100 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: PHYS Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Paul S Franz	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 1320 Fillmore Avenue #413	<b>Transaction ID:</b> SA11AI.7701
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$416.67 monthly
	Name of Employer: CarolinasHealthCareSystem Occupation: ADMIN Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4166.70	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>537.51</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Greg A Gombar		Date of Receipt
	Mailing Address 4625 Cotton Creek Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7728</b>
Name of Employer CarolinasHealthCareSystem		Occupation ADMIN	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 416.67
			Payroll Deduction \$416.67 monthly

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Frederick L Greene		Date of Receipt
	Mailing Address 128 Altondale Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Charlotte	NC	28207
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7699</b>
Name of Employer CarolinasHealthCareSystem		Occupation PHYS	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 208.40
			Payroll Deduction \$20.84 monthly

<b>C.</b>	Full Name (Last, First, Middle Initial) KATHLEEN GREW		Date of Receipt
	Mailing Address 16704 YARDARM LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	CORNELIUS	NC	28031
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7746</b>
Name of Employer CAROLINAS HEALTHCARE SYST-EM		Occupation VP	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 208.40
			Payroll Deduction \$20.84 monthly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>458.35</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Russell Guerin	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 3324 Meadow Bluff Drive	<b>Transaction ID:</b> SA11AI.7721
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
Name of Employer Carolinas HealthCare System	Occupation ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Janet D Handy	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 8044 Silver Jade Drive	<b>Transaction ID:</b> SA11AI.7745
	City State Zip Code Denver NC 28037	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$50 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas E Hassett	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 7733 Compton Court	<b>Transaction ID:</b> SA11AI.7743
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$20.84 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>237.51</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 22  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City State Zip Code  
Whiteville NC 28472

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2010

**Transaction ID: SA11AI.7700**

Amount of Each Receipt this Period  
75.00

Payroll Deduction \$75 monthly

**B.**

Full Name (Last, First, Middle Initial)  
Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City State Zip Code  
Concord NC 28027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Carolinas HealthCare System ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.70

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2010

**Transaction ID: SA11AI.7742**

Amount of Each Receipt this Period  
166.67

Payroll Deduction \$166.67 monthly

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Christopher R Hummer

Mailing Address 8304 Indigo Row

City State Zip Code  
Charlotte NC 28277

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2010

**Transaction ID: SA11AI.7713**

Amount of Each Receipt this Period  
22.00

Payroll Deduction \$22 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **263.67**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) James C Hunter	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 1525 Kenilworth Ave #106	<b>Transaction ID:</b> SA11AI.7704
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.40	

<b>B.</b>	Full Name (Last, First, Middle Initial) Stephen Dennis Jones	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 125 Lake Mist Drive	<b>Transaction ID:</b> SA11AI.7698
	City State Zip Code Belmont NC 28012	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$20.84 monthly
Name of Employer Carolinas HealthCare System	Occupation ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Kathleen Ann Kaney	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 2316 Vail Avenue	<b>Transaction ID:</b> SA11AI.7714
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$25 monthly
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>129.18</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Robert M Keener	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 625 Club Drive	<b>Transaction ID:</b> SA11AI.7738
	City State Zip Code Stanley NC 28164	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$25 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Kuzmanovich	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address PO Box 1377	<b>Transaction ID:</b> SA11AI.7755
	City State Zip Code Davidson NC 28036	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation Carolinas HealthCare System Vice President	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas F Laymon	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 7505 Tripper Lane	<b>Transaction ID:</b> SA11AI.7695
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 22.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$22 monthly
	Name of Employer Occupation Carolinas HealthCare System ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>67.84</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
 FED PAC**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frank S Letherby

Mailing Address 5234 Lancelot Drive

City State Zip Code  
 Charlotte NC 28270

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 833.40

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 1 0

**Transaction ID: SA11AI.7731**

Amount of Each Receipt this Period  
 83.34

Payroll Deduction \$83.34  
 monthly

**B.** Full Name (Last, First, Middle Initial)  
Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City State Zip Code  
 Huntersville NC 28078

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 833.40

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 1 0

**Transaction ID: SA11AI.7748**

Amount of Each Receipt this Period  
 83.34

Payroll Deduction \$83.34  
 monthly

**C.** Full Name (Last, First, Middle Initial)  
Ms. Donna Lockhart

Mailing Address 5523 Challis View Lane

City State Zip Code  
 Charlotte NC 28226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 208.40

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 1 0

**Transaction ID: SA11AI.7733**

Amount of Each Receipt this Period  
 20.84

Payroll Deduction \$20.84  
 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **187.52**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIEDAM LOWDER	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 14444 WESTGREEN DR	<b>Transaction ID:</b> SA11AI.7703
	City State Zip Code HUNTERSVILLE NC 28078	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CAROLINAS HEALTHCARE SYST-EM SVP	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael J Lutes	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 4025 Camrose Crossing	<b>Transaction ID:</b> SA11AI.7725
	City State Zip Code Matthews NC 28104	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Marx	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 3535 Knapdale Lane	<b>Transaction ID:</b> SA11AI.7723
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$41.67 monthly
	Name of Employer Occupation Carolinas HealthCare System PHYS	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>125.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. James T McDeavitt	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 826 Berkeley Avenue	<b>Transaction ID:</b> SA11AI.7747
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. F Del Murphy	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 2824 Winding Oak Drive	<b>Transaction ID:</b> SA11AI.7719
	City State Zip Code Charlotte NC 28270	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$25 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. James C Olsen	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 5900 Summerston Place	<b>Transaction ID:</b> SA11AI.7736
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$125 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>316.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 22  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
 FED PAC**

**A.**

Full Name (Last, First, Middle Initial)  
 Dr. Joshua C Patt

Mailing Address 4343 Columbine Circle

City State Zip Code  
 Charlotte NC 28211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Carolinas HealthCare System PHYS

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 208.40

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 1 0

**Transaction ID: SA11AI.7727**

Amount of Each Receipt this Period  
 20.84

Payroll Deduction \$20.84 monthly

**B.**

Full Name (Last, First, Middle Initial)  
 Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code  
 Charlotte NC 28207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 1 0

**Transaction ID: SA11AI.7710**

Amount of Each Receipt this Period  
 400.00

Payroll Deduction \$400 monthly

**C.**

Full Name (Last, First, Middle Initial)  
 Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code  
 Charlotte NC 28210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Carolinas HealthCare System ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 1 0

**Transaction ID: SA11AI.7741**

Amount of Each Receipt this Period  
 250.00

Payroll Deduction \$250 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **670.84**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. James A Ramsey	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 8028 Water View Drive	<b>Transaction ID:</b> SA11AI.7744
	City Belmont State NC Zip Code 28012	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$20.84 monthly
Name of Employer Carolinas HealthCare System Occupation ADMIN	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Roger A Ray	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 11029 Lederer Ave	<b>Transaction ID:</b> SA11AI.7696
	City Charlotte State NC Zip Code 28277	Amount of Each Receipt this Period 333.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$333.34 monthly
Name of Employer CarolinasHealthCareSystem Occupation ADMIN	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.40

<b>C.</b>	Full Name (Last, First, Middle Initial) Lawrence W Raymond	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 5740 Ballinard Lane	<b>Transaction ID:</b> SA11AI.7734
	City Charlotte State NC Zip Code 28277	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$60 monthly
Name of Employer Carolinas HealthCare System Occupation PHYS	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>414.18</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Wanda Robinson		Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 233 Altondale Avenue		<b>Transaction ID:</b> SA11AI.7715
	City Charlotte	State NC	Zip Code 28207
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Carolinas HealthCare System	Occupation PHYS	Payroll Deduction \$100 monthly

Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
---	-------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Pamela M Rowell		Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 9702 Heritage Lane		<b>Transaction ID:</b> SA11AI.7751
	City Indian Trail	State NC	Zip Code 28079
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 44.88
	Name of Employer Carolinas HealthCare System	Occupation ADMIN	Payroll Deduction \$44.88 monthly

Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 314.16
---	------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Ronald M Smidt		Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address P O Box 901		<b>Transaction ID:</b> SA11AI.7754
	City Troutman	State NC	Zip Code 28166
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$30 monthly

Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>174.88</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jody Jay Stock

Mailing Address 3466 Blue Jay Path

City State Zip Code  
Fort Mill SC 29708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

**Transaction ID:** SA11AI.7722

Amount of Each Receipt this Period  
20.84

Payroll Deduction \$20.84 monthly

**B.** Full Name (Last, First, Middle Initial)  
Ms. Robin E Surane

Mailing Address PO Box 43

City State Zip Code  
Cornelius NC 28031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

**Transaction ID:** SA11AI.7756

Amount of Each Receipt this Period  
25.00

Payroll Deduction \$25 monthly

**C.** Full Name (Last, First, Middle Initial)  
Daniel W Sweat

Mailing Address 133 Twin Lake Drive

City State Zip Code  
Shelby NC 28152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

**Transaction ID:** SA11AI.7702

Amount of Each Receipt this Period  
100.00

Payroll Deduction \$100 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **145.84**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael C Tarwater

Mailing Address 2137 Dilworth Road East

City State Zip Code  
Charlotte NC 28203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CarolinasHealthCareSystem ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4166.70

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

**Transaction ID: SA11AI.7712**

Amount of Each Receipt this Period  
416.67

Payroll Deduction \$416.67 monthly

**B.** Full Name (Last, First, Middle Initial)  
Alfred P Taylor

Mailing Address 1804 Arborway Road

City State Zip Code  
Albemarle NC 28001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Carolinas HealthCare System ADMIN

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

**Transaction ID: SA11AI.7708**

Amount of Each Receipt this Period  
25.00

Payroll Deduction \$25 monthly

**C.** Full Name (Last, First, Middle Initial)  
Dr. Alan R Thalinger

Mailing Address 2524 Flint Grove Road

City State Zip Code  
Charlotte NC 28226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CarolinasHealthCareSystem PHYS

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

**Transaction ID: SA11AI.7717**

Amount of Each Receipt this Period  
20.84

Payroll Deduction \$20.84 monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **462.51**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. David Thomas	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 1609 Penderlea Lane	<b>Transaction ID:</b> SA11AI.7705
	City State Zip Code Matthews NC 28105	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$20.84 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 5522 Challis View Lane	<b>Transaction ID:</b> SA11AI.7732
	City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$166.67 monthly
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70	

<b>C.</b>	Full Name (Last, First, Middle Initial) Zachary Zapack	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 1800 Camden Road	<b>Transaction ID:</b> SA11AI.7694
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$83.34 monthly
	Name of Employer Occupation Carolinas HealthCare System Administrator	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>270.85</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4804.05</b>